

# Work Order ID 79701

**\*79701\***

Page 1

January-31-12 3:06:10 PM

Item ID: D3011-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Rappel

Start Date: 31/01/2012 Start Qty: 6.00

*\*6\* 3 no more mat'l*

Cust Item ID:

Required Date: 14/02/2012 Req'd Qty: 6.00

Customer:

Reference:

Approvals: Process Plan: M.L.J Date: 12/01/31 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3011	Rev B

100 0.00

**\*100\***

BAND SAW

Bandsaw

Memo

0.00

Jeaspa Bandsaw

Cut Blanks: 26.625"

85 12-02-10 (13)

110

**\*110\***

HAAS CNC VERTICAL MACHINING #1

HAAS 1

Memo

0.00

0.00

HAAS CNC vertical machine #1

*21/02 12/02/12*

3 /

Machine as per folio FA129

Folio Rev: 11A

Dwg Rev: 3

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Work Order ID 79701

**\*79701\***

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January-31-12 3:06:10 PM

Item ID: D3011-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Rappel  
 Start Date: 31/01/2012 Start Qty: 6.00 **\*6\*** Cust Item ID:  
 Required Date: 14/02/2012 Req'd Qty: 6.00 **\*6\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 <b>*120*</b> QC Quality Control	QC2- Inspect parts off machine FAI/FAIB  Memo	0.00  0.00				3	/		
130 <b>*130*</b> QC Quality Control	QC8- Inspect parts - second check  Memo	0.00  0.00				3	φ		
131 <b>*131*</b> Outsource2 Outsource process - NDT	Memo 1- LPI AS PER ASTM 1417 LEVEL 2 AS PER DWG d3011 2- Certificate of conformity is required	0.00  0.00							

PID 16223

12/2/12 (3)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Work Order ID 79701

**\*79701\***

Page 3

January-31-12 3:06:10 PM

Item ID: D3011-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Rappel  
 Start Date: 31/01/2012 Start Qty: 6.00 **\*6\*** Cust Item ID:  
 Required Date: 14/02/2012 Req'd Qty: 6.00 **\*6\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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132 QC5- Inspect part completeness to step on W/O 0.00

**\*132\***

QC

Quality Control

Memo

0.00

140

Chemical Conversion Coat per QSI005 4.1

0.00

**\*140\***

HandFinish

Hand Finishing

Memo

0.00

150

White Gloss(Ref:4.3.5.1) per QSI005 4.3-Alum

0.00

**\*150\***

Powdercoat

Powder Coating

Memo

START TIME:

OVEN TEMPERATURE:

FINISH TIME:

0.00

M120222

1-30  
3200F  
2-00

3Xp m-p 12/02/2012

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Work Order ID 79701

\*79701\*

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January-31-12 3:06:10 PM

Item ID: D3011-1 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Rappel  
 Start Date: 31/01/2012 Start Qty: 6.00 \*6\* Cust Item ID:  
 Required Date: 14/02/2012 Req'd Qty: 6.00 \*6\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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160	QC3- Inspect Part Finish	0.00							
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*160*									
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QC	Memo	0.00							
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Quality Control

170	Identify as per dwg & Stock Location: 167	0.00							
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*170*									
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Packaging	Memo	0.00							
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Packaging

180	QC21- Final Inspection - Work Order Release	0.00							
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*180*									
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QC	Memo	0.00							
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Quality Control

MLJ 12/03/01  
 (3)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries



# Picklist Print

January-31-12 3:06:14 PM

Page 1

Work Order ID: 79701

\*79701\*

Parent Item: D3011-1

\*D3011-1\*

Parent Item Name: Rappel

Start Date: 31/01/2012

Required Date: 14/02/2012

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP C02.05.09Added D6202 at step 2NG  
IPP Rev:D Added QC8 JLM Verified By:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D6202		Manufactured	No			110	f	17.0000	1	6			
*D6202*									**				
I-Beam Extrusion													
				<u>Location</u>				<u>Loc Qty</u>					
				MAT028				17					
				77710				17					

RT 12-02-10  
no more unit's  
x3

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries



W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

12/01/31



10) LPI PER ASTM 1417 LEVEL 2

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries



## RAPPORT D'INSPECTION PAR RESSUAGE

P- 12178

CLIENT

DART AEROSPACE

DATE

2012-02-17

PAGE 1 DE 1

HEURE

AM PM

ATTENTION

CHANTEL

N° TRAVAIL

188-12-C0043

ADRESSE

1270 ABERDEEN ST.  
HAWKES BURY, ONTARIO

N° CLIENT PO/VO

30551

SITE DE TRAVAIL

HAWKES BURY

PROJET

ACCEPTATION STD.

ASTM E1417-05

DATE/RÉV. NO INDICATION

ITEM(S) EXAMINÉ

SEE BELOW

## DESCRIPTION DES TRAVAUX

N° PROCÉDURE

PT0002

DATE/RÉV. 2009

N° TECHNIQUE

LT-x7x7x

DATE/RÉV. 2009

N° ITEMS

SEE BELOW

MATÉRIEL

ALUMINIUM

ÉPAISSEUR

VARIABLE

DESCRIPTION

FPT ON X-TUBES AND RAPPEL

## DÉTAILS DES INSPECTIONS

MÉTHODE :	<input checked="" type="checkbox"/> FLUORESCENT	<input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> LAVABLE À L'EAU	<input type="checkbox"/> MÉTHODE DISSOLVANT	<input type="checkbox"/> PRÉ-ÉMULSIONNANT
MARQUE :	MAGNAFLUX		LUM. NOIRE S/N 26529	POISS. > 1 000 µ W/cm²	AMBIANT < 2 fc
PÉNÉTRANT :	ZL67	TEMPS PÉNÉTRATION MIN. 10	30	MIN.	ÉQUIP. LUMIÈRE <input checked="" type="checkbox"/> LAMP. POCHÉ <input type="checkbox"/> LAMP. CULASSE <input checked="" type="checkbox"/> POISS. > 100 fc @ SURFACE
DISSOLVANT PÉNÉTRANT		TEMPS SÉCHAGE MIN. > 10		MIN.	AUTRES
RÉVÉLATEUR		TEMPS RÉVÉLATION MIN. 10		MIN.	MÈTRE LUM. N/S
TYPE RÉVÉLATEUR	<input type="checkbox"/> NON AQUEUX	<input type="checkbox"/> AQUEUX	<input type="checkbox"/> SEC	DATE CAL DUE	2012-12-01

## SURFACE INSPECTÉE

CONDITION SURFACE	<input type="checkbox"/> MEULÉE	<input type="checkbox"/> SOUDÉE	<input checked="" type="checkbox"/> MACHINÉE	<input type="checkbox"/> MRENAILLÉE	<input checked="" type="checkbox"/> MÉTAL PROPRE
TEMPÉRATURE SURFACE	<input type="checkbox"/> < - 4°C/20°F	<input type="checkbox"/> - 4°C/20°F A 10° C/50°F	<input checked="" type="checkbox"/> 10°C/50°F A 52°C/125°F	<input type="checkbox"/> > 52°C/125°F	

## RÉSULTATS

( ☐ MÉTRIQUE ☐ IMPÉRIALE )

ITEM	COMMENTAIRES	ACCEPTÉ	REJETÉ	
1	ID 79701 item D 3011-1 (x3)	✓	—	SIC 2012/17
2	ID 80049 item D 206-667-20781	✓		
3	ID 78574 item D 412-664-203	✓		
4	ID 78573 item D 412-664-203	✓		
5	ID 78575 item D 412-664-203	✓		
6	ID 78576 item D 412-664-203	✓		
7	ID 79115 item D 212-664-107	✓		
8	ID 79116 item D 212-664-107	✓		

NOTE: NO INDICATION FOUND, AT THE MOMENT OF INSPECTION ON ALL PIECES.

## Étendue des Services

L'entente selon laquelle le Groupe Acuren Inc. Exécute les services ne concerne que les énoncés par écrit. En aucune circonstance ces services ne s'étendent au-delà de l'exécution des services demandés. Il est entendu que toutes les descriptions, les observations et les expressions d'opinions faites par Acuren reflètent les opinions ou les observations de l'entreprise fondées sur l'information et les hypothèses fournies par le propriétaire/opérateur, et elles ne constituent pas des déclarations ou des garanties ou ne peuvent être interprétées comme constituant. Le Groupe Acuren Inc. N'assume aucune des responsabilités du propriétaire/opérateur, et le propriétaire/opérateur conserve la responsabilité entière des décisions prises en matière d'ingénierie, de fabrication, de réparation et d'usage à partir de l'information ou des données fournies par Acuren en rapport avec les services décrits dans les présentes ne peuvent excéder le coût des services rendus.

## Norme de Diligence

Dans l'exécution des services, le Groupe Acuren Inc. Applique le degré de diligence, le soin et la compétence normalement exercés dans des circonstances semblables par d'autres fournisseurs de ce type de services opérant dans la même localité ou dans une localité similaire. Aucune autre garantie, implicite ou explicite, n'est faite ou voulue par le Groupe Acuren Inc.

## SIGNATURES

REPRÉSENTANT	Andrew Sheldon	Signature	FTJ#: F003487
TECHNICIEN (SIGNATURE):	MOULÉ	SIGNATURE	RAPPORT
NOM (MOULÉ):	DAVID REPIN	1 <sup>er</sup> TECHNICIEN	RÉVISÉ PAR:
		2 <sup>nd</sup> TECHNICIEN	NOM
			INITIALES
ONGC NIVEAU 2	SNT NIVEAU 2	ONGC NIVEAU	SNT NIVEAU
ONGC N° REGISTRATION 11611		ONGC N° REGISTRATION	